

San Diego Adult Drug Court Enhanced Program — Annual Report

August 2012



Client Pre-Entry Demographics and Group Characteristics (N=113)

Drug Courts are judicially-supervised courts that provide nonviolent, drug-addicted individuals treatment under closer supervision than other community-based programs. Drug Court clients receive treatment and services required to stay clean and to lead productive lives.

It is well known that offenders with severe substance use disorders have relatively high rates of affective disorders, anxiety disorders, and personality disorders. Thus, the target population for San Diego's Adult Drug Court Enhanced Program is adult drug court participants enrolled in the Central Division of San Diego's Adult Drug Court System, particularly those with a co-occurring mental health disorder.

The Jump Start/Dual-Recovery Track enhancements use motivational interviewing and relapse prevention techniques to increase retention within the first 90 days of the program by providing comprehensive wrap-around services to adult offenders, along with services specifically designed to meet the needs of offenders with co-occurring disorders. Comprehensive biopsychosocial assessments are done for all clients using the Global Appraisal of Individual Needs (GAIN).

The current report describes the characteristics and outcomes of clients currently enrolled in San Diego's Adult Drug Court enhanced program. The table at right presents pre-entry (baseline) characteristics for all clients admitted to the Drug Court program before April 2012. This table also includes a column of the program's target population goals, for comparison.

Additional group characteristics include trauma experience, victimization, and high risk sexual behavior. At baseline, 38.1% of clients reported having experienced moderate to high levels of traumatic stress, while much larger majorities reported having experienced moderate to high levels of both victimization (78.8%) and sexual risks (87.5%).

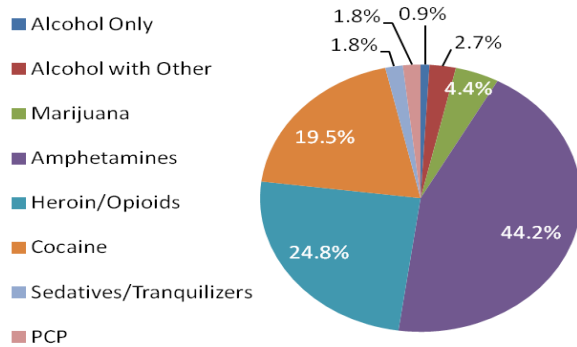
DEMOGRAPHIC CHARACTERISTICS		TARGET POPULATION %	CLIENT N	% OF CLIENTS		
Age (Mean=37.6)						
18-25		28.0	19	16.8		
26-49		60.0	70	61.9		
50+		12.0	24	21.2		
Gender						
Male		63.0	84	74.3		
Female		37.0	29	25.7		
Sexuality (Based on Past Year Sex Pattern question)						
Heterosexual		50.0	95	84.1		
Gay/Lesbian or Homosexual		10.0	4	3.5		
Bisexual		40.0	2	1.8		
Not Reported			12	10.6		
Race						
Asian		7.0	4	3.5		
Black/African American		25.0	24	21.2		
White/Caucasian		40.0	44	38.9		
American Indian		1.0	1	0.9		
Pacific Islander		1.0	0	0.0		
Hispanic/Latino (all Latino clients Mexican)		14.0	17	15.0		
Multiracial		5.0	22	19.5		
Other		7.0	1	0.9		
Veteran		7.0	5	4.4		
Income						
Very poor/poor (below poverty line)		100.0	48	42.5		
Working class			22	19.5		
Upper middle class/upper class			9	8.0		
Not reported			34	30.1		
Homeless		45.0				
Ever been homeless			69	61.1		
Homeless in the past year			49	43.4		
Currently homeless			36	31.9		
Physical Disability		5.0	8	7.1		
Dually-diagnosed		20.0	65	57.5		
Criminal Justice System Involvement		100.0				
Court/Probation/Parole			10	8.8		
Correctional Institution past 90 days/current			103	91.2		
Victimization		50.0				
Ever been victimized			89	78.8		
Victimized in past year			20	17.7		
Victimized in past 90 days			8	7.1		
Current worries about being victimized			9	8.0		
	LOW		MODERATE		HIGH	
	N	%	N	%	N	%
Traumatic Stress (n=113)	70	61.9	16	14.2	27	23.9
General Victimization (n=113)	24	21.2	28	24.8	61	54.0
Sexual Risk (n=112)	14	12.5	79	70.5	19	17.0

Employment/Educational/Living Status

At Pre-Entry, the majority of clients (72.6%) were unemployed. The number of unemployed clients gradually decreased at each follow-up to 0 participants reporting unemployment at 12 months. Clients were employed full-time or part-time at 3 months (51.3%), 6 months (46.5%), and 12 months (71.4%). There was also an increase at each follow-up in the percentage of clients living on their own. No clients reported being homeless at any follow-up. From baseline to 6-months, there was an increase in the number of clients living in a treatment or correctional institution.

Note. Discrepancy in number of homeless clients in Demographics and Status tables likely due to homeless clients reporting living in hospital, correctional institution, or dormitory as current living situation.

STATUS	Pre-Entry n (%)	3 MONTHS n (%)	6 MONTHS n (%)	12 MO n (%)
Employment/Education				
Full-time	11 (9.7)	22 (29.7)	16 (28.6)	4 (57.1)
Part-time	11 (9.7)	16 (21.6)	10 (17.9)	1 (14.3)
Unemployed	82 (72.6)	14 (18.9)	10 (17.9)	0 (0)
Jail/Prison	0 (0)	13 (17.6)	9 (16.1)	1 (14.3)
In School/Training Only	0 (0)	1 (1.4)	3 (5.4)	0 (0)
Other	9 (8.0)	8 (10.8)	8 (14.3)	1 (14.3)
Living Situation				
Own/Rent	51 (45.1)	29 (39.2)	23 (41.1)	3 (42.9)
Live with Family/Friends	20 (17.7)	9 (12.2)	6 (10.7)	0 (0)
Hospital/Residential Tx	2 (1.8)	4 (5.4)	5 (8.9)	0 (0)
Correctional Institution	1 (0.9)	11 (14.9)	12 (21.4)	1 (14.3)
Unsupervised Dormitory	36 (31.9)	21 (28.4)	10 (17.9)	3 (42.9)
Homeless	2 (1.8)	0 (0)	0 (0)	0 (0)
Other	1 (0.9)	0 (0)	0 (0)	0 (0)
Total	113	74	56	7

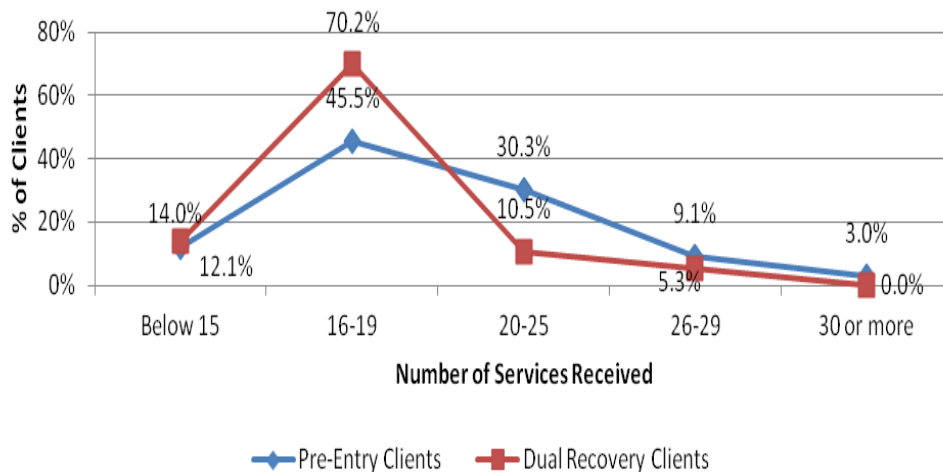


Substance Treatment Needs

The greatest primary substance treatment needs at Pre-Entry were for amphetamine use (44.2%), heroin/opioids (24.8%), and cocaine (19.5%). Alcohol, marijuana, sedatives, and PCP together comprised 11.6% of primary treatment needs. About half of clients (51.3%) had only a primary substance treatment need. For those with additional substance treatment needs, co-morbid alcohol with other drug use, and amphetamines were the most common secondary and tertiary treatment needs, respectively.

Level of Services Received

All clients are considered Pre-Entry up to 30 days of admission into the Drug Court program. Clients with a dual diagnosis receiving both mental health and AOD treatment services become part of the Dual-Recovery enhancement track of the program. All other clients with a substance use disorder receiving AOD treatment only remain Drug Court "Pre-Entry clients".

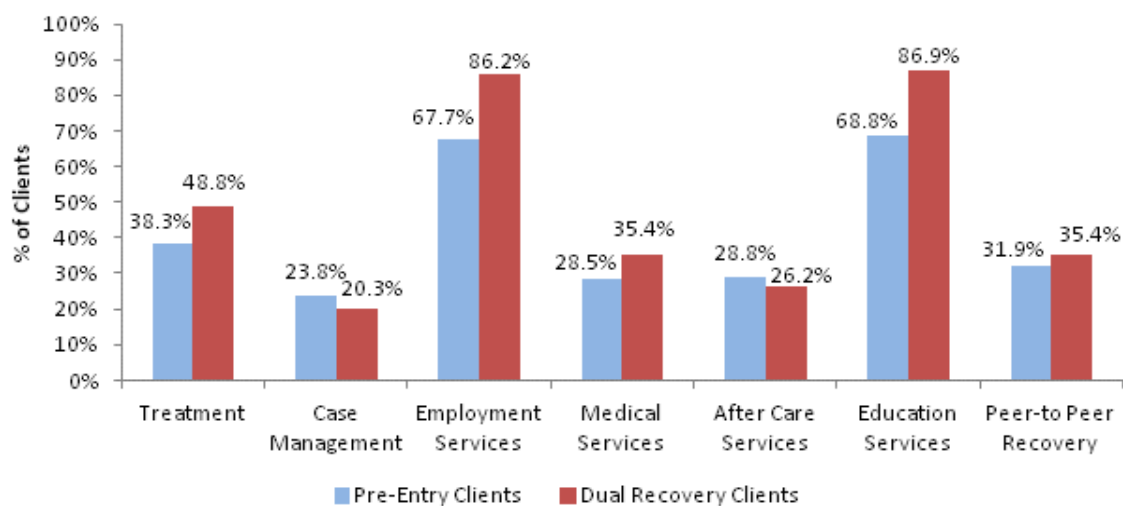


Sixty-five (57.5%) clients were dually-diagnosed and included in the Dual-Recovery track, while 48 (42.5%) clients remained Pre-Entry clients. The total number of services received by both groups were summed and categorized to examine the level of services received by clients in both tracks. There was a significant difference in the level of services received. On average, Pre-Entry clients received more services than Dual-Recovery clients (19.7 versus 17.7).

Note. 23 clients did not have Services data available (15 Pre-Entry and 8 Dual-Recovery track clients).

Types of Services Received

The chart below presents the average percent of clients receiving each type of service. Overall, the majority of clients in both Pre-Entry and Dual-Recovery tracks received employment and education services. Employment services included pre-employment and employment coaching, while education services included substance abuse and HIV/AIDS education. Treatment services included screening, assessment, treatment/recovery planning, individual counseling, and group counseling.



Other services utilized by clients included individual services coordination (case management), relapse prevention (after care services), alcohol/drug testing (medical services), and information and referral (peer-to-peer recovery support services).

Note. 23 clients did not have Services data available (15 Pre-Entry and 8 Dual Recovery track clients).

Linkages

At intake, referrals for the majority of clients included interventions for risk reduction of sexual behavior, wrap-around or case management services, and residential treatment to reduce recovery environment risk. Pre-Entry and Dual-Recovery clients also received a referral for a tobacco cessation intervention. However, more Dual-Recovery clients than Pre-Entry clients were referred to the following: an anger management intervention, school or GED program, financial counseling, vocational counseling or employment placement program.

Referral To:	Pre-Entry n (%)	Dual-Recovery n (%)
Meth or other meds withdrawal and relapse	1 (2.1)	5 (7.7)
Meds withdrawal and relapse	0 (0)	4 (6.2)
Treatment of infectious diseases	1 (2.1)	0 (0)
Tetanus shot	7 (14.6)	13 (20.0)
Risk reduction of needle use	8 (16.7)	29 (44.6)
Risk reduction of sexual behavior	45 (93.8)	57 (87.7)
Tobacco cessation intervention	33 (68.8)	57 (87.7)
Eating disorder intervention	1 (2.1)	6 (9.2)
Anger management intervention	6 (12.5)	26 (40.0)
Wrap-around or case management services	42 (87.5)	59 (90.8)
School or GED program	7 (14.6)	15 (23.1)
Vocational counseling or employment placement program	12 (25.0)	33 (50.8)
Financial counseling	17 (35.4)	48 (73.8)
Pathological gambling intervention	1 (2.1)	3 (4.6)
Residential treatment to reduce recovery environment risk	38 (79.2)	57 (87.7)
Follow-up for cognitive impairment reasons	0 (0)	1 (1.5)
Total Clients	48	65

Note. Percentages were calculated with available data of 48 Pre-Entry clients and 65 Dual-Recovery clients.

Client Outcomes

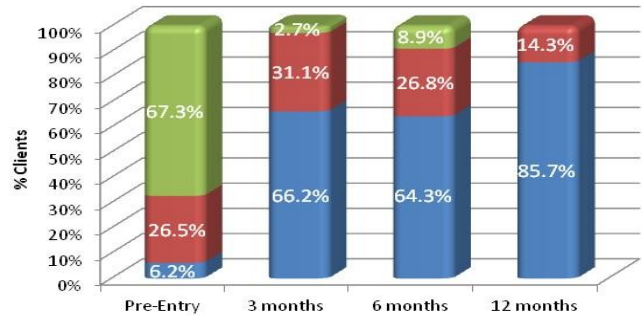
Client outcomes at Pre-Entry, 3-month, 6-month, and 12-month follow-ups were compared, and are presented in the following two pages. At Pre-Entry 113 clients completed the GAIN assessment, 74 clients completed the 3-month assessment, 56 clients completed the 6-month assessment, and 7 clients completed the 12-month assessment. Clients were categorized into 'low', 'moderate', and 'high' groups based on their scores on each scale. Also, mean scale scores for clients who had both Pre-Entry and follow-up assessments were analyzed to determine if changes were statistically significant. The sample size for the 12-month assessment was too small to be included in analyses, but data were included in figures to examine trend.

Note: Caution must be taken when interpreting results due to follow-up rates. Data collection is ongoing and all current data were included in figures.

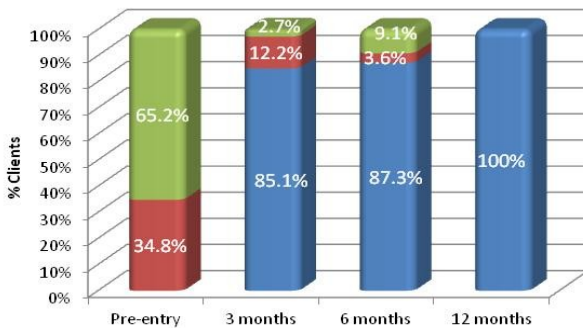
Substance Use

Most clients have experienced high to moderate substance use-related problems, issues, abuse, and dependence prior to program enrollment. The substance scales are used to measure the number of problems related to substance use that a client reports having in the past month. Higher scores on all scales represent greater severity of problems with substance use. All substance-related scales, showed significant decreases from Pre-Entry to 3 and 6 month follow-ups.

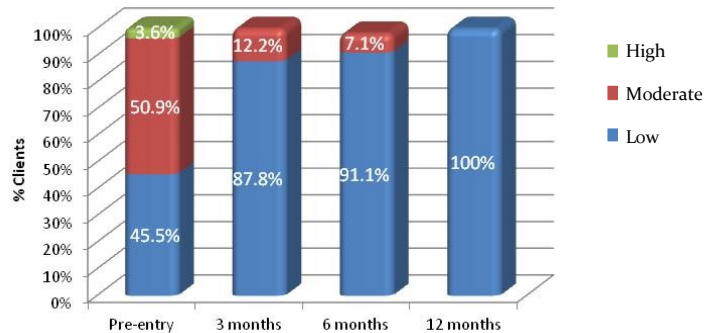
Substance Frequency Scale



Substance Abuse Index

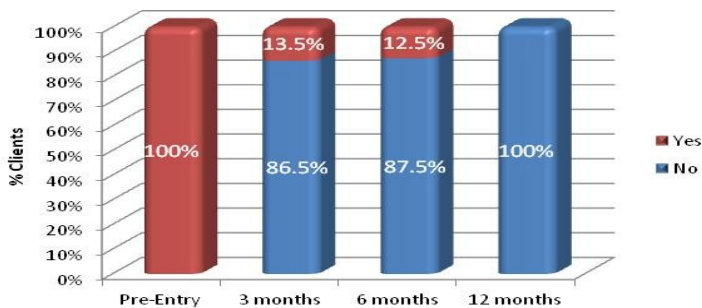


Substance Issues Index

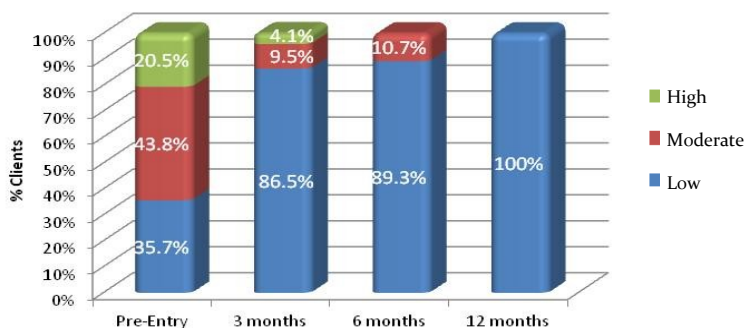


Criminal Justice Involvement

Committed a Drug Crime in Past Quarter



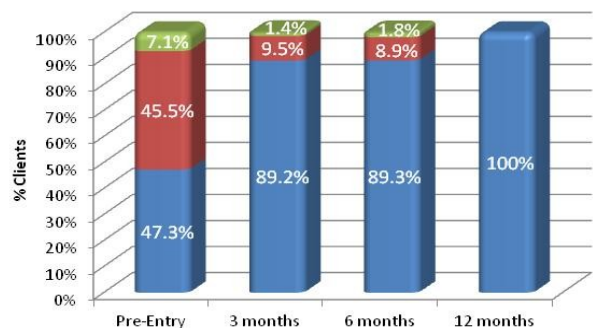
General Crime Scale



General

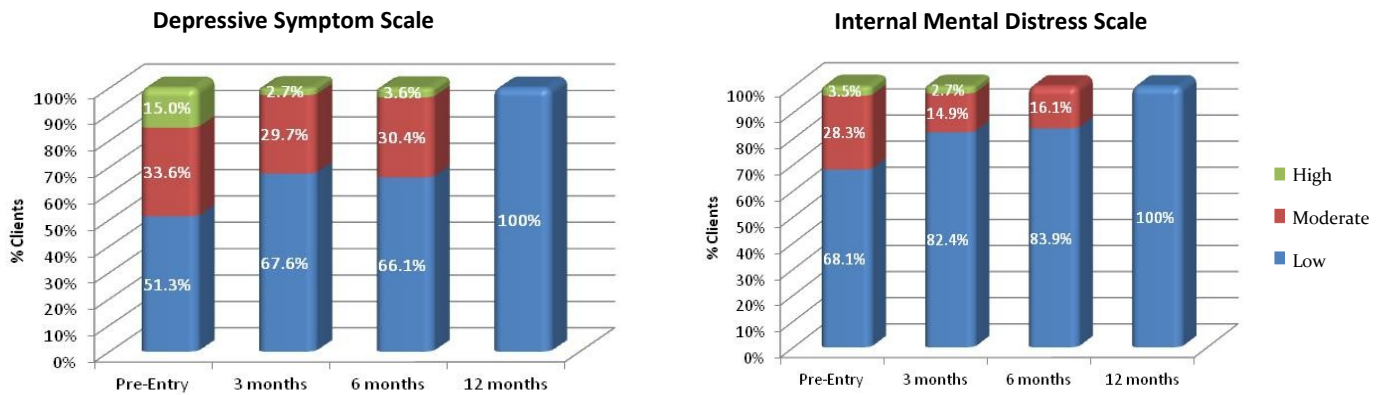
Crime and Drug Crime Scales are measures of criminal behavior, with higher scores indicating more self-reported illegal activities. For both scales, there were significant decreases in reported criminal activities from Pre-Entry to 3 and 6 month follow-ups. There were no significant changes in criminal behavior between 3 and 6 months. At the 12-month follow-up, the trend for both crimes scales is positive with none of the 7 clients reporting moderate or high levels of either general or drug crimes.

Drug Crime Scale



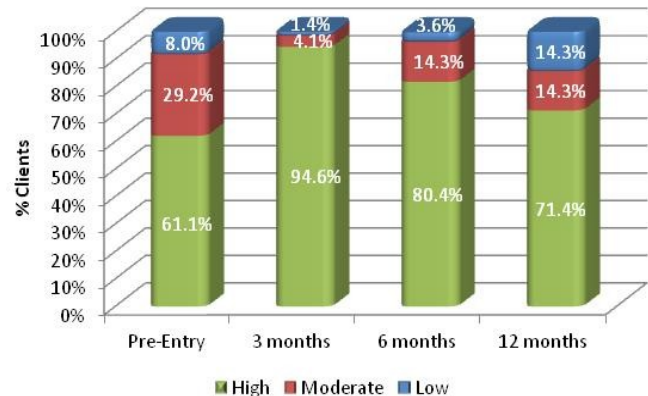
Mental Health

The Depressive Symptom Scale measures depression and somatic symptoms. Higher scores indicate a higher number of reported symptoms of somatic complaints or depression. The Internal Mental Distress Scale measures symptoms related to internalizing disorders, including somatic, anxiety, depression, traumatic stress and suicide thoughts. There were significant decreases in the means of both scales from Pre-Entry to the 3 month follow-up. However, the mean scale change from Pre-Entry to the 6 month follow-up was not significant for either scale.



Social Connectedness

Social connectedness was defined as clients' perception of social support from significant others. At Pre-Entry, the majority of clients (61.1%) reported high levels of social support. There were significant increases in social support received from Pre-Entry to both 3- and 6-month follow-ups. Examination of specific social support items showed that at Pre-Entry, 62.8% of clients reported having someone to talk to about their needs or emotions; and having someone to help figure out or cope with problems. At 6 months, 89.3% of clients agreed that they had both aforementioned types of



Individual Client and Program Factors

3-month Outcomes. Younger age and fewer years of drug use were related to spending time in a controlled environment in the previous 90 days. These findings suggest that younger, less experienced clients may be at greater risk for criminal recidivism in the early phase of Drug Court participation. Further, reporting opioids as the most severe drug at intake was related to having committed a drug crime at 3-months. This relationship remained significant even when controlling for the effects of age, gender, and minority status.

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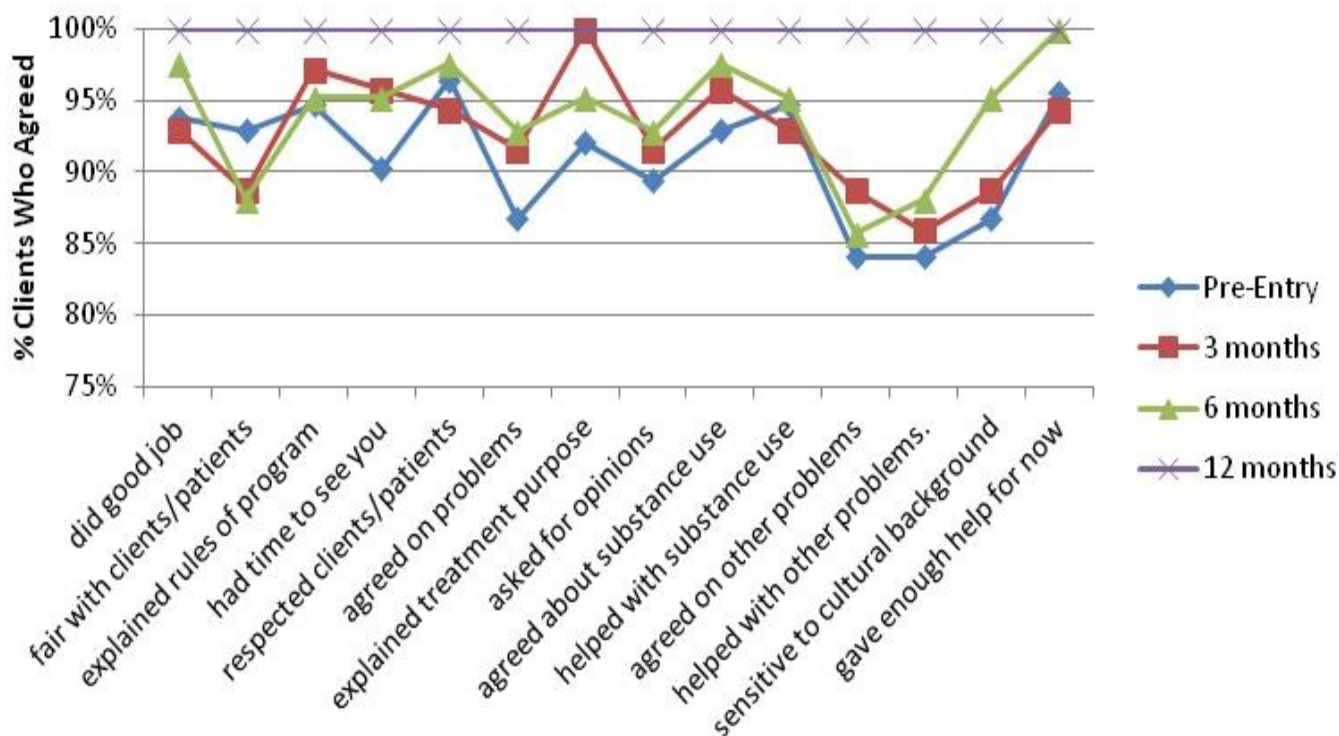
6-month Outcomes. Younger age, less education, male gender, Caucasian race, unemployment at intake, fewer years of drug use, and opioids as the primary drug were related to spending significant time in a controlled environment at 6 months.

Clients with a single mental health diagnosis were more likely to report committing a drug crime in the previous quarter than those with a dual-diagnosis, suggesting that the Drug Court enhancement has a positive impact for those with co-morbid disorders.

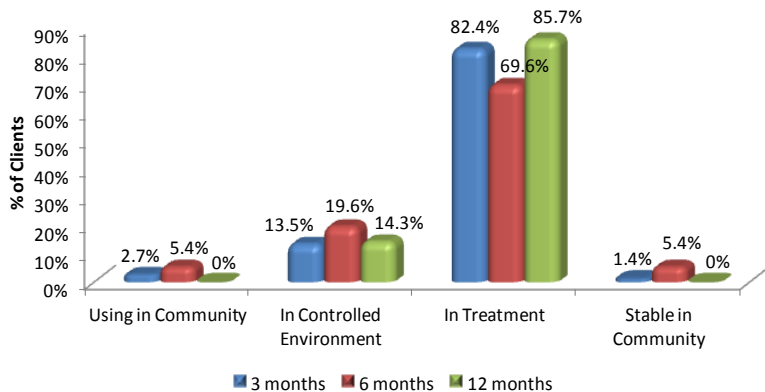
More frequent drug testing was also related to spending time in a controlled environment. These findings provide additional support to research demonstrating that a higher testing frequency is important for program compliance. Finally, clients with a single mental health diagnosis were more likely to report committing a drug crime in the previous quarter, than those with a dual-diagnosis (even when controlling for effects of age, gender, and minority status). This suggests that the Jumpstart Drug Court enhancement has a positive impact on criminal recidivism for the target population suffering from substance abuse and mental health co-morbid disorders.

Client Treatment Satisfaction

At Pre-entry, 86.7% of clients reported that staff agreed on “what the clients’ problems were”, 84.1% “agreed with clients about what to do about other problems” and “helped clients with their other problems”. Additionally, 86.7% of clients agreed at Pre-Entry that staff were “sensitive to cultural background”. At 3- and 6-months, “agreed with clients about what to do about other problems”, and “helped clients with their other problems” were again the least endorsed by clients. Also at 3- and 6-months, fewer clients agreed that staff treated them fairly. Client satisfaction with treatment was highest at 12-months. The seven clients who completed the survey at 12 months reported satisfaction with all aspects of the Drug Court program.



Client Retention in Treatment



Client Retention in Treatment

Stays of 3 months or longer in drug abuse treatment are generally predictive of better follow-up outcomes. At all phases, the majority of clients were retained in treatment services. At 3-months there was an increase in clients going into a controlled environment or into the community. The 6-month time point seems to be the most critical for participants returning to the community, either as stable or using. At 12-months the seven clients interviewed were either in treatment, or in a controlled environment.

The HEALTH SERVICES RESEARCH CENTER at University of California, San Diego is a non-profit research organization within the Department of Family and Preventive Medicine. HSRC works in collaboration with the Performance Outcomes and Quality Improvement Unit of San Diego County Mental Health Services to evaluate and improve mental health outcomes for County residents. Our research team specializes in the measurement, collection and analysis of health outcomes data to help improve health care delivery systems and, ultimately, to improve client quality of life. For more information about HSRC please contact Andrew Sarkin, PhD at 858-622-1771.

